FOR OHF USE

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2000
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2000)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0027664

Facility Name: Hearthstone Manor

Address: 920 Seminary (Number) Woodstock (City) 60098 (Zip Code)

County: McHenry

Telephone Number: (815) 338-1749 **Fax #** (815) 338-0023

IDPA ID Number: 36-318-6415-001

Date of Initial License for Current Owners: 1903

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code	501C3		Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Kim Klockenga **Telephone Number:** (815) 334-6200

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 7/1/99 to 6/30/00 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) _____ (Date)
(Print Name and Title) James P. Grigg, Managing Director
(Firm Name & Address) RSM McGladrey, Inc. 501 7th Street, Rockford, IL 61104
(Telephone) (815) 987-5200 Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	29	Skilled (SNF)	29	10,614	1
2		Skilled Pediatric (SNF/PED)			2
3	46	Intermediate (ICF)	46	16,836	3
4		Intermediate/DD			4
5	63	Sheltered Care (SC)	63	23,058	5
6		ICF/DD 16 or Less			6
7	138	TOTALS	138	50,508	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	523	5,233		5,756	8
9	SNF/PED					9
10	ICF	8,719	9,577		18,296	10
11	ICF/DD					11
12	SC	1,847	12,028		13,875	12
13	DD 16 OR LESS					13
14	TOTALS	11,089	26,838		37,927	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.09%

D. How many bed-hold days during this year were paid by Public Aid?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started / / 1903

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [ ] NO [X] If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 6/30/2000 Fiscal Year: 6/30/2000

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	173,041	27,855	97,730	298,626		298,626		298,626			1
2	Food Purchase		145,347		145,347		145,347	(10,139)	135,208			2
3	Housekeeping	121,615	32,941	5,602	160,158		160,158		160,158			3
4	Laundry	56,019	11,119	2,729	69,867		69,867		69,867			4
5	Heat and Other Utilities			113,483	113,483		113,483	5,094	118,577			5
6	Maintenance			32,323	32,323		32,323	112,311	144,634			6
7	Other (specify):*											7
8	**TOTAL General Services**	350,675	217,262	251,867	819,804		819,804	107,266	927,070			8
	B. Health Care and Programs											
9	Medical Director			27,789	27,789		27,789		27,789			9
10	Nursing and Medical Records	1,177,542	288,310	15,651	1,481,503		1,481,503		1,481,503			10
10a	Therapy											10a
11	Activities	124,398	11,452	11,206	147,056		147,056		147,056			11
12	Social Services	48,323	42	1,486	49,851		49,851		49,851			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,350,263	299,804	56,132	1,706,199		1,706,199		1,706,199			16
	C. General Administration											
17	Administrative	74,736			74,736		74,736	117,186	191,922			17
18	Directors Fees											18
19	Professional Services			228,664	228,664		228,664	(180,548)	48,116			19
20	Dues, Fees, Subscriptions & Promotions			61,385	61,385		61,385	(39,922)	21,463			20
21	Clerical & General Office Expenses	105,038	42,962	68,829	216,829		216,829	199,664	416,493			21
22	Employee Benefits & Payroll Taxes			451,433	451,433		451,433	112,522	563,955			22
23	Inservice Training & Education			2,822	2,822		2,822		2,822			23
24	Travel and Seminar			10,027	10,027		10,027	18,335	28,362			24
25	Other Admin. Staff Transportation							1,720	1,720			25
26	Insurance-Prop.Liab.Malpractice			12,835	12,835		12,835	3,834	16,669			26
27	Other (specify):*											27
28	**TOTAL General Administration**	179,774	42,962	835,995	1,058,731		1,058,731	232,791	1,291,522			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	1,880,712	560,028	1,143,994	3,584,734		3,584,734	340,057	3,924,791			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Hearthstone Manor #0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			148,722	148,722		148,722	(11,221)	137,501			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			17,267	17,267		17,267	(17,267)				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			2,500	2,500		2,500		2,500			35
36	Other (specify):* **Corporate Alloc.**			682,689	682,689		682,689		682,689			36
37	**TOTAL Ownership**			851,178	851,178		851,178	(28,488)	822,690			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops	9,824	681	3,992	14,497		14,497		14,497			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			42,200	42,200		42,200		42,200			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**	9,824	681	46,192	56,697		56,697		56,697			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,890,536	560,709	2,041,364	4,492,609		4,492,609	311,569	4,804,178			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(10,139)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest	(17,267)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(11,221)	30		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(5,397)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(210,887)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(18,452)	20		24
25	Fund Raising, Advertising and Promotional	(22,158)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(9,387)	20		28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (304,908)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$ 25,113		31
32	Donated Goods-Attach Schedule*	3,240		32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	616,477		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 644,830		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 339,922		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

Hearthstone Manor

ID# 0027664

Report Period Beginning: 7/1/99

Ending: 6/30/00

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
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26				26
27				27
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70				70
71				71
72				72
73				73
74				74
75				75
76				76
77				77
78				78
79				79
80				80
81				81
82				82
83				83
84				84
85				85
86				86
87				87
88				88
89				89
90	Total	0		90

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Hearthstone Manor # 0027664 **Report Period Beginning:** 7/1/99 **Ending:** 6/30/00

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(10,139)	0	0	0	0	0	0	0	0	0	0	(10,139)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	5,094	0	0	0	0	0	0	0	0	0	5,094	5
6	Maintenance	0	112,311	0	0	0	0	0	0	0	0	0	112,311	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(10,139)	117,405	0	0	0	0	0	0	0	0	0	107,266	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	117,186	0	0	0	0	0	0	0	0	0	117,186	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(210,887)	30,339	0	0	0	0	0	0	0	0	0	(180,548)	19
20	Fees, Subscriptions & Promotions	(55,394)	15,472	0	0	0	0	0	0	0	0	0	(39,922)	20
21	Clerical & General Office Expenses	0	199,664	0	0	0	0	0	0	0	0	0	199,664	21
22	Employee Benefits & Payroll Taxes	0	112,522	0	0	0	0	0	0	0	0	0	112,522	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	18,335	0	0	0	0	0	0	0	0	0	18,335	24
25	Other Admin. Staff Transportation	0	1,720	0	0	0	0	0	0	0	0	0	1,720	25
26	Insurance-Prop.Liab.Malpractice	0	3,834	0	0	0	0	0	0	0	0	0	3,834	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(266,281)	499,072	0	0	0	0	0	0	0	0	0	232,791	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(276,420)	616,477	0	0	0	0	0	0	0	0	0	340,057	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Hearthstone Manor # 0027664 **Report Period Beginning:** 7/1/99 **Ending:** 6/30/00

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(11,221)	0	0	0	0	0	0	0	0	0	0	(11,221)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(17,267)	0	0	0	0	0	0	0	0	0	0	(17,267)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(28,488)	0	0	0	0	0	0	0	0	0	0	(28,488)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(304,908)	616,477	0	0	0	0	0	0	0	0	0	311,569	45

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
				Woodstock Christian		
				Life Services	Woodstock	Corporate Office
				Hearthstone Village	Woodstock	Independent Lvg
				Woodstock Early		
				Learning Center	Woodstock	Day Care

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	6	Maintenance	$	Woodstock Christian Life Services	100.00%	$ 112,311	$ 112,311	1
2	V	22	Employee benefits		Woodstock Christian Life Services	100.00%	112,522	112,522	2
3	V	26	Insurance		Woodstock Christian Life Services	100.00%	3,834	3,834	3
4	V	5	Utilities		Woodstock Christian Life Services	100.00%	5,094	5,094	4
5	V	30	Depreciation		Woodstock Christian Life Services	100.00%			5
6	V	33	Real Estate Taxes		Woodstock Christian Life Services	100.00%			6
7	V	17	Administrative		Woodstock Christian Life Services	100.00%	117,186	117,186	7
8	V	21	Clerical & General Office		Woodstock Christian Life Services	100.00%	199,664	199,664	8
9	V	40	Other - Special Events		Woodstock Christian Life Services	100.00%			9
10	V	20	Fees, Subscriptions, Promotions		Woodstock Christian Life Services	100.00%	15,472	15,472	10
11	V	19	Professional Fees		Woodstock Christian Life Services	100.00%	30,339	30,339	11
12	V	24	Travel & Seminar		Woodstock Christian Life Services	100.00%	18,335	18,335	12
13	V	25	Other Administration		Woodstock Christian Life Services	100.00%	1,720	1,720	13
14	Total			$			$ 616,477	$ * 616,477	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Woodstock Christian Life Services
Street Address: 318 Chrisitian Way
City / State / Zip Code: Woodstock, IL 60098
Phone Number: (815) 338-1090
Fax Number: (815) 338-0023

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	6	Maintenance	Corporate Revenue	1,083,635	3	$ 178,271	$ 157,038	682,689	$ 112,311	1
2	22	Employee Benefits	Corporate Revenue	1,083,635	3	178,606		682,689	112,522	2
3	26	Insurance	Corporate Revenue	1,083,635	3	6,085		682,689	3,834	3
4	5	Utilities	Corporate Revenue	1,083,635	3	8,086		682,689	5,094	4
5	30	Depreciation	Corporate Revenue	1,083,635	3	0		682,689	0	5
6	33	Real Estate Taxes	Corporate Revenue	1,083,635	3	0		682,689	0	6
7	17	Administrative	Corporate Revenue	1,083,635	3	186,010	186,010	682,689	117,186	7
8	21	Clerical & General Office	Corporate Revenue	1,083,635	3	316,927	151,728	682,689	199,664	8
9	40	Other - Special Events	Corporate Revenue	1,083,635	3	0		682,689	0	9
10	20	Fees, Subscriptions, Promotions	Corporate Revenue	1,083,635	3	24,558		682,689	15,472	10
11	19	Professional Fees	Corporate Revenue	1,083,635	3	48,158		682,689	30,339	11
12	24	Travel & Seminar	Corporate Revenue	1,083,635	3	29,104		682,689	18,335	12
13	25	Other Administrative	Corporate Revenue	1,083,635	3	2,730		682,689	1,720	13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 978,535	$ 494,776		$ 616,477	25

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Old Kent Bank		X	Renovation Financing	$4,794.00	1/28/99	209,791	146,875	4/28/03	0.0750	12,297	6
7												7
8												8
9	TOTAL Facility Related				$4,794.00		$ 209,791	$ 146,875			$ 12,297	9
	B. Non-Facility Related*											
10	Old Kent Bank		X	Legal Expense Financing	$4,334.00	2/9/00	175,000	162,598	2/9/01	0.0875	4,970	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related				$4,334.00		$ 175,000	$ 162,598			$ 4,970	14
15	TOTALS (line 9+line14)						$ 384,791	$ 309,473			$ 17,267	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 1999 report.	$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	2
3. Under or (over) accrual (line 2 minus line 1).	$	3
4. Real Estate Tax accrual used for 2000 report. (Detail and explain your calculation of this accrual on the lines below.)	$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$	5
6. Subtract a refund of real estate taxes used previously to calculate a payment rate. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For 19 Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
	1995	8
	1996	9
	1997	10
	1998	11
	1999	12

FOR OHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 1999	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 60,000 B. General Construction Type: Exterior Masonry Frame _____ Number of Stories 3

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Woodstock Christian Life Services - Corporate Division
Hearthstone Village - Independent Living
Woodstock Early Learning Center - Day Care

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility		1903	$ 5,372	1
2					2
3	TOTALS			$ 5,372	3

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	10		1950	1950	$ 150,823	$ 19,903	40	$ 19,903	$	$ 557,281	4
5	90		1973	1973	796,110	18,776	40	18,776		469,403	5
6	38		1976	1976	751,053		40				6
7											7
8											8
	Improvement Type**										
9	Sprinkler System			1977	2,935	117	25	117		2,809	9
10	Air Conditioning			1977	10,374		10			10,374	10
11	Roof			1978	4,656		20			4,656	11
12	Roof			1978	7,536		20			7,536	12
13	Boiler			1978	8,498		20			8,498	13
14	Sprinkler System			1980	10,353	414	25	414		8,694	14
15	Office Remodeling			1980	5,218	130	40	130		2,747	15
16	Roof			1981	5,100		10			5,100	16
17	Parking Lot			1982	3,549	89	40	89		1,852	17
18	Roof Additions			1983	6,560	164	40	164		2,870	18
19	Roof			1984	4,690		10			4,690	19
20	Kitchen			1984	187	9	20	9		143	20
21	Kitchen			1985	1,415	35	40	35		915	21
22	Sign			1985	855		5			855	22
23	Remodeling Second Floor			1985	10,026		10			10,026	23
24	Activity Room			1985	1,044	18	15	18		1,044	24
25	Remodeling Second Floor			1985	1,735	87	20	87		1,382	25
26	Dining Room Remodel			1986	27,607		10			27,607	26
27	Solarium			1986	15,216		10			15,216	27
28	Kitchen			1986	5,749	287	20	287		4,019	28
29	Solarium			1987	45,713	1,143	40	1,143		16,001	29
30	HVAC			1987	3,931	197	20	197		2,757	30
31	Water Heater			1987	1,258	84	15	84		1,188	31
32	Roof			1987	11,828		10			11,828	32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 1,894,019	$ 41,453		$ 41,453	$	$ 1,330,314	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Re-Key Locks			1987	1,004		10			1,004	9
10	Renovations Room 241			1987	629	42	15	42		588	10
11	Parking Lot			1987	3,291	219	15	219		3,067	11
12	Roof			1988	12,550		10			12,550	12
13	Remodel Employee Lounge			1988	890		10			890	13
14	Courtyard landscaping			1987	1,406		10			1,406	14
15	Water Meters			1989	2,820		10			2,820	15
16	Roof Repair			1990	1,255	59	10	59		1,255	16
17	Thermostats			1991	1,264	126	10	126		1,198	17
18	Roof Repair			1992	980	98	10	98		882	18
19	Thermostats			1992	1,481	148	10	148		1,332	19
20	Drop Ceiling			1992	370	37	10	37		315	20
21	Windows			1992	607	61	10	61		518	21
22	Roof Repair			1992	608	61	10	61		477	22
23	Smoker Room			1992	973	97	10	97		751	23
24	Nurse Station			1992	359	36	10	36		279	24
25	Roof Repair			1992	720	72	10	72		552	25
26	Smoker Room			1992	216	22	10	22		169	26
27	Brick Smoker Room			1992	325	33	10	33		253	27
28	Parking Lot Expansion			1992	577	38	15	38		290	28
29	Roof Repair			1993	800	80	10	80		550	29
30	Windows			1993	317	32	10	32		219	30
31	Roof Repair			1993	1,715	172	10	172		1,158	31
32	Generator Repair			1993	1,049	105	10	105		693	32
33	Water Heater			1994	3,240	324	10	324		2,052	33
34	Courtyard			1994	819	82	10	82		506	34
35	Alarm System			1994	1,391	139	10	139		827	35
36	TOTAL (lines 4 thru 35)				$ 41,656	$ 2,083		$ 2,083	$	$ 36,601	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Fire Doors			1994	437	44	10	44		264	9
10	Roof Repair			1994	1,259	126	10	126		730	10
11	Plumbing			1995	10,741	1,622	5	1,622		10,741	11
12	Roof Repair			1995	1,170	117	10	117		575	12
13	Roof Repair			1995	11,299	1,130	10	1,130		5,462	13
14	Roof Repair			1995	12,340	1,234	10	1,234		5,861	14
15	Roof Repair			1995	861	86	10	86		401	15
16	Electrical Repair			1995	15,122	1,512	10	1,512		6,930	16
17	Roof Repair			1996	3,500	350	10	350		1,575	17
18	Doors			1996	2,685	269	15	269		1,210	18
19	Fire Doors			1996	457	46	20	46		207	19
20	Doors			1996	1,649	110	10	110		477	20
21	Architect Service			1996	13,331	667	20	667		2,861	21
22	Roof Repair			1996	5,380	538	20	538		2,218	22
23	Roof Replacement			1996	27,341	1,367	20	1,367		5,355	23
24	Plumbing			1996	10,960	1,096	20	1,096		4,289	24
25	Architect Service			1996	1,332	67	20	67		261	25
26	Roof Repair			1996	1,758	176	20	176		678	26
27	Alum. Gutter-downspout			1996	1,650	165	20	165		621	27
28	Architect Service			1996	1,122	56	20	56		213	28
29	Roof Repair			1996	540	54	20	54		207	29
30	Rooftop HVAC Replacement			1996	52,688	2,634	20	2,634		9,882	30
31	New Door			1996	3,042	304	20	304		1,137	31
32	Roof Replacement			1996	25,941	1,297	20	1,297		4,755	32
33	Firestops Replacement			1996	3,553	355	10	355		1,305	33
34	Architect Service			1996	475	24	20	24		88	34
35	Exit Lights			1996	2,737	274	10	274		983	35
36	TOTAL (lines 4 thru 35)				$ 213,370	$ 15,720		$ 15,720	$	$ 69,286	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Architect Service			1996	750	38	20	38		135	9
10	HVAC			1996	77,291	3,865	20	3,865		13,849	10
11	New Sidewalk			1996	986	66	20	66		132	11
12	Parking lot repair			1996	1,623	162	20	162		598	12
13	S.M. Sign Maintenance			1996	308	62	20	62		221	13
14	Labor-Roof replacement			1997	12,255	1,225	20	1,225		4,287	14
15	Architect Service			1997	1,775	178	20	178		689	15
16	Sunroom painting			1997	2,145	215	20	215		717	16
17	Asbestos repair			1997	715	72	20	72		240	17
18	Heating			1998	5,787	289	20	289		795	18
19	Ductwork & elec.			1998	3,370	337	20	337		871	19
20	Rebuild roof unit			1998	2,235	223	20	223		577	20
21	3rd floor project			1998	10,019	501	20	501		1,294	21
22	IDPH-Bldg Project Fees			1998	2,712	136	20	136		351	22
23	Shayman-Contractors			1998	10,000	500	20	500		1,293	23
24	Century Tile			1998	461	46	20	46		115	24
25	Handi-Hut-Shelter			1998	7,488	749	20	749		1,747	25
26	Signage			1998	412	82	10	82		205	26
27	Phone/Data Lines			1998	7,869	787	10	787		1,574	27
28	ADA Sidewalk			1999	2,016	101	20	101		202	28
29	Phone/Data Lines			1999	1,450	145	10	145		290	29
30	Air Conditioning			1999	10,866	1,087	10	1,087		1,902	30
31	Aluminum Gutters/Downspouts			1999	540	54	10	54		95	31
32	Exit Lights			1999	322	32	10	32		51	32
33	Exit Lights			1999	400	40	10	40		60	33
34	Smoking Room			1999	114	11	10	11		24	34
35	Third Floor Renovation - Bldg			1999	240,021	12,001	20	12,001		18,001	35
36	TOTAL (lines 4 thru 35)				$ 403,930	$ 23,004		$ 23,004	$	$ 50,315	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Fire Protection			1999	2,750	275	10	275		390	9
10	Architect Fees			1999	1,080	108	10	108		153	10
11	Maintenance Labor - Painting			1999	1,740	348	5	348		493	11
12	Paint Stairwells & Halls			1999	1,624	325	5	325		433	12
13	Third Floor Renovation - Bldg - Final PMT			1999	32,418	1,621	20	1,621		2,431	13
14	Carpeting - Main Floor			1999	10,300	2,060	5	2,060		2,232	14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 49,912	$ 4,737		$ 4,737	$	$ 6,132	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
37	Purchased in Prior Years	$ 413,868	$ 43,424	$ 43,424	$		$ 335,520	37
38	Current Year Purchases	32,180	3,580	3,580			3,580	38
39	Fully Depreciated Assets							39
40								40
41	TOTALS	$ 446,048	$ 47,004	$ 47,004	$		$ 339,100	41

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
42	Van with lift	Ford	1998	$ 14,000	$ 3,500	$ 3,500	$	4	$ 10,500	42
43										43
44										44
45										45
46	TOTALS			$ 14,000	$ 3,500	$ 3,500	$		$ 10,500	46

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
47	Total Historical Cost	(line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)	$ 3,068,307	47
48	Current Book Depreciation	(line 36,col.5 + line 41,col.2 + line 46,col.5)	$ #REF!	48
49	Straight Line Depreciation	(line 36,col.7 + line 41,col.3 + line 46,col.6)	$ #REF!	49 **
50	Adjustments	(line 36,col.8 + line 41,col.4 + line 46,col.7)	$	50
51	Accumulated Depreciation	(line 36,col.9 + line 41,col.6 + line 46,col.9)	$ 1,842,248	51

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
52	Furniture and Fixtures	$ 402,330	$ 11,127	$ 350,130	52
53	Other non-care vehicles	13,548	94	13,256	53
54					54
55					55
56					56
57	TOTALS	$ 415,878	$ 11,221	$ 363,386	57

G. Construction-in-Progress

	Description	Cost	
58		$	58
59			59
60			60
61		$	61

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2001	$
13.	/2002	$
14.	/2003	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ Description:
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [ ] YES [X] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- COMMUNITY COLLEGE [ ]
- HOURS PER AIDE ____

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist		hrs	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			$		$	$		$	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Hearthstone Manor **#** 0027664 **Report Period Beginning:** 7/1/99 **Ending:** 6/30/00

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 6/30/00 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 665	$ 612,496	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 57,187)	174,177	199,943	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments		38,244	5
6	Prepaid Insurance	2,140	25,113	6
7	Other Prepaid Expenses	52	5,603	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Amount due from affiliates	4,116,934		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 4,293,968	$ 881,399	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable		37,951	11
12	Long-Term Investments			12
13	Land	5,372	133,082	13
14	Buildings, at Historical Cost	2,603,872	10,244,189	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	875,825	2,050,565	16
17	Accumulated Depreciation (book methods)	(2,207,609)	(6,178,424)	17
18	Deferred Charges		71,279	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	169,225	169,225	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,446,685	$ 6,527,867	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,740,653	$ 7,409,266	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 95,385	$ 119,908	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	900	151,024	28
29	Short-Term Notes Payable	211,064	416,745	29
30	Accrued Salaries Payable	118,188	306,510	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 425,537	$ 994,187	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	98,409	5,294,137	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Gift annuities payable		27,368	43
44	Deferred revenue from advanced fees		349,640	44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 98,409	$ 5,671,145	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 523,946	$ 6,665,332	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 5,216,707	$ 743,934	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,740,653	$ 7,409,266	48

***(See instructions.)**

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 5,379,406	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 5,379,406	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(164,442)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	1,743	11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (162,699)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 5,216,707	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 3,852,227	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 3,852,227	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	16,697	13
14	Non-Patient Meals	10,139	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	259,372	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	75,585	21
22	Laundry	53,690	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 415,483	23
	D. Non-Operating Revenue		
24	Contributions	60,457	24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 60,457	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 4,328,167	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	819,804	31
32	Health Care	1,706,199	32
33	General Administration	1,058,731	33
	B. Capital Expense		
34	Ownership	851,178	34
	C. Ancillary Expense		
35	Special Cost Centers	56,697	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 4,492,609	40
41	**Income before Income Taxes (line 30 minus line 40)****	(164,442)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (164,442)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	920	1,005	$ 22,452	$ 22.34	1
2	Assistant Director of Nursing	2,012	2,152	46,719	21.71	2
3	Registered Nurses	21,895	22,856	346,999	15.18	3
4	Licensed Practical Nurses	8,495	9,293	132,278	14.23	4
5	Nurse Aides & Orderlies	61,986	66,332	630,936	9.51	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,860	2,160	33,182	15.36	9
10	Activity Assistants	11,664	12,274	97,067	7.91	10
11	Social Service Workers	3,096	3,709	56,429	15.21	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	1,825	2,111	21,792	10.32	14
15	Cook Helpers/Assistants	22,302	23,302	147,598	6.33	15
16	Dishwashers					16
17	Maintenance Workers					17
18	Housekeepers	15,419	16,455	121,098	7.36	18
19	Laundry	7,054	7,406	53,450	7.22	19
20	Administrator	3,224	3,746	73,269	19.56	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,607	11,283	97,218	8.62	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Hairdresser	1,010	1,086	10,049	9.25	33
34	TOTAL (lines 1 - 33)	173,369	185,170	$ 1,890,536 *	$ 10.21	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	192	$ 7,104		35
36	Medical Director				36
37	Medical Records Consultant	23	1,138		37
38	Nurse Consultant				38
39	Pharmacist Consultant	monthly	4,500		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	20	1,035		44
45	Social Service Consultant	10	1,000		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	245	$ 14,777		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	104	$ 3,008		50
51	Licensed Practical Nurses	54	1,166		51
52	Nurse Aides	43	808		52
53	TOTAL (lines 50 - 52)	200	$ 4,982		53

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Carolyn Schuldt	Administrator	0.0%	$ 39,146
Thomas DeFauw	Administrator	0.0%	9,231
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 48,377

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
		$
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 28,281
Unemployment Compensation Insurance	
FICA Taxes	149,397
Employee Health Insurance	88,740
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Retirement plan	32,266
Employment	12,640
Benefits - Vacation, Personal, Holiday	140,109
TOTAL (agree to Schedule V, line 22, col.8)	$ 451,433

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 162
Advertising: Employee Recruitment	79,514
Health Care Worker Background Check	744
(Indicate # of checks performed 62)	
Dues and Subscriptions	3,199
Advertising	31,545
Contributions	8,027
Allocation from corporate	15,472
Less: Public Relations Expense	(5,397)
Non-allowable advertising	(22,158)
Yellow page advertising	(9,387)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 101,721

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	761
Auto Expenses	2,544
Auto Insurance	1,741
Seminar Expense	4,981
Allocation from corporate	18,335
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 28,362

**See instructions.

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/1/99 Ending: 6/30/00

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1997	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Hearthstone Manor # 0027664 **Report Period Beginning:** 7/1/99 **Ending:** 6/30/00

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Life Services Network $6,522**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **27,168** Line **10-2**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **42,200**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **N/A**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **None** Has any meal income been offset against related costs? **None** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **100%**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **Yes**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **McGladrey & Pullen, LLP** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **Yes** If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.